



Commercial PLUMBING

Application / Permit

| | | | |
|---------|-------|------|-------|
| Sewer | _____ | Date | _____ |
| R Under | _____ | Date | _____ |
| R Above | _____ | Date | _____ |
| Final | _____ | Date | _____ |

| | |
|-------------|-------|
| Received by | _____ |
| Date | _____ |

Address _____

Project # **200** - _____ - _____

Owner _____

Date Issued _____

Type of commercial _____ New ☐ Addition/Renovation ☐

Property Acct # _____

| Item | Fee | Quantity | Total |
|---|----------|----------|--------------|
| FIXTURES (each) <i>Insert how many in the boxes provided</i> | | | |
| 1 Sink <input type="checkbox"/> Shower <input type="checkbox"/> Water Closet <input type="checkbox"/> Washing machine <input type="checkbox"/> Outside faucet <input type="checkbox"/> Floor drain <input type="checkbox"/> | 6.50 | | |
| Tub <input type="checkbox"/> Lavatory <input type="checkbox"/> Urinal <input type="checkbox"/> Garbage disposal <input type="checkbox"/> Drinking fountain <input type="checkbox"/> Dishwasher <input type="checkbox"/> | | | |
| Wash down station <input type="checkbox"/> Other _____ <input type="checkbox"/> | | | |
| 2 GREASE INTERCEPTOR (each) | 19.00 | | |
| 3 WATER HEATERS (each) Gas <input type="checkbox"/> Electric <input type="checkbox"/> | 12.00 | | |
| Gas piping (per water heater tank) ~ Mechanical permit applies for other gas piping ~ | 12.00 | | |
| 4 IRRIGATION SYSTEM (includes backflow preventer) Deduct meter <input type="checkbox"/> | 14.00 | | |
| 5 BACKFLOW PREVENTER (each) Atmospheric vacuum breakers <input type="checkbox"/> Reduced pressure principle <input type="checkbox"/> | 12.00 | | |
| Pressure vacuum breakers <input type="checkbox"/> Dual check valve <input type="checkbox"/> | | | |
| 6 WATER PIPES (per 100 feet or part thereof) _____ feet | 12.00 | | |
| 7 DRAINAGE, WASTE and VENT PIPES (per 100 feet or part thereof) _____ feet | 12.00 | | |
| 8 MEDICAL GAS PIPING (per 100 feet or part thereof) _____ feet | 12.00 | | |
| 9 STORM PIPING (per 100 feet or part thereof) _____ feet | 12.00 | | |
| 10 ROOF DRAINS (each) | 12.00 | | |
| 11 SANITARY SEWER CONNECTION | 12.00 | | |
| 12 STORM (Drain) SEWER CONNECTION | 12.00 | | |
| 13 PUMPS and EJECTORS (each) | 27.50 | | |
| 14 OTHER Miscellaneous work not covered above (each) – Describe: | 33.00 | | |
| 15 REINSPECTION for same work due to failure to pass initial inspection or unavailability of premises at time of initial inspection | 50.00 | | |
| 16 SURCHARGE for permits issued after construction started without a permit * 100% of applicable fee, but not to exceed \$250. Such violations also subject to criminal penalties under NH law. | * 250.00 | | |
| Subtotal | | | |
| 17 APPLICATION FEE (non-refundable) | 25.00 | | \$25.00 |
| MINIMUM TOTAL FEE \$58.00 | | | |
| Receipt # _____ | | | TOTAL |

Contractor _____ License # _____

Address _____ City _____ State _____ ZIP _____

I, the undersigned, notify the City of Nashua there will ☐ / will not ☐ be a need to abate asbestos containing material while performing work on this permit. All state and local health laws pertaining to the disposal of waste material are to be abided by. The applicant shall contact the Environmental Health Department, 18 Mulberry Street, 589-4530. I certify the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the City of Nashua. I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of contractor or person making application

Telephone number

Building Official or Designee

CALL 589-3080 ONE DAY IN ADVANCE FOR AN INSPECTION

PLUMB Com September 2007

Please have your project number, address, and type of inspection ready so we may expedite your inspection request

POST THIS CARD SO IT IS VISIBLE FROM THE STREET